got diarrhœa, and died in the May following. The post-mortem examination revealed extensive disease in the left lung; the bronchi were thickened and dilated, and the intervening lung tissue was converted into a dense fibrous mass, a few small cavities were seen, and also some gray tubercles in both apices. Case 2.—J. S., aged 65, a widow, had winter cough for ten years. On admission, had much cough, and muco-purulent expectoration; no dulness on percussion; sibilant râles over both lungs; pulse 64; temperature 98°. This patient gradually declined, owing to a nervous shock; she got hæmoptysis and diarrhœa, and signs of consolidation about right lung; she died, but no post-mortem was obtained. Case 3.—J. W., aged 53, a dock labourer, had bronchitis over twenty years. Four years ago his strengh failed; he got profuse purulent expectoration. He became feverish; bronchial breathings and crepitations were heard over his chest, and right lung became consolidated about two years later. The sputa became lumpy, and contained areolæ of elastic tissue. In December, 1869, the urine was found to be albuminous, and in the following April he died. The post-mortem showed dilated tubes, gray tubercles, and small cavities in the lungs. Case 4.—Mrs. B. aged 61, lives in Kent; for many years subject to bronchitis. In 1864, general health failed, she became feverish, and bands of elastic tissue were found in the sputa. Crepitation heard in middle third of right lung. The progress of the disease here is slow; pulse 80; temperature 98.2° at 3 P. M. The patient is still under observation. In concluding, Dr. Clark said that the chief causes of phthisical complication, in cases of chronic bronchitis, appear to be repeated colds, over-feeding, and the abuse of stimulants. Loss of strength, feverishness, afterwards subsiding and coarse moist crepitations, were signs of the phthisical condition. When the bronchi ulcerate, fibres of lung tissue are found in the sputa; fibroid or tubercular pneumonic changes in the lung follow, but the progress of the disease is usually slow. By meeting feverish complications with rest, milk diet, and salines, and by the use of inhalations of iodine, creasote, or carbolic acid, and appropriate treatment of tonics and diet, the progress of the disease may be greatly retarded, and life indefinitely prolonged.—*Medical Times and Gazette*, Nov. 5, 1870.

18. *Treatment of Catarrhal Pneumonia of Infants at the Breast by Carbonate of Ammonia.*—Dr. Stierlin observes that the danger of catarrhal pneumonia (bronchopneumony, lobular pneumonia) in infants, whether consequent on measles, hooping-cough, or bronchial catarrh, is due to the circumstance that the bronchiæ become plugged, carbonic acid narcosis succeeds, and too small a quantity of blood enters the left ventricle, which exerts a paralyzing influence upon the heart. Dr. Stierlin formerly treated such little patients with emetics, as ipecacuanha and vinum antimoniale, calomel, and mustard poultices, but with very indifferent results. But after he had begun to administer ammonium carbonicum (carbonate of ammonia), and ammonium carbonicum pyro-oleosum, he was so successful in the treatment of this disease, which according to Rilliet and Barthez, is absolutely fatal during the first year of life, that of 150 patients only 7 died. He usually prescribed the ammonium carbonicum to the extent of 20 grains; or the liquor ammonium carbon. pyro-oleosi to the extent of half a drachm in two ounces of fluid, of which a teaspoonful should be taken every hour. During the first year of life, besides the above, he applied sinapisms to the chest. In older and stronger children he also prescribed emetics. He never observed any disadvantageous effects.—*Practitioner*, Nov. 1870, from *Berliner Wöchenschrift*, 1870, No. 26.

19. *Acute Pulmonary Tuberculosis.*—Dr. A. Steffen pronounces (*Jahrbuch für Kinderheilkunde*, N. F. III., 1870), in opposition to the conclusions arrived at by other observers, the disposition to tuberculosis of the lungs to occur especially during the earlier stages of life, namely, between the second and third year after birth; the disposition diminishing towards the period of puberty. He remarks, also, that the acute form of pulmonary tuberculosis seldom occurs independent of tubercular depositions in many of the other organs, especially in the spleen and pia mater; when meningeal tuberculosis is present, unattended with tuberculosis of the lungs, in general, in all other portions of the body tuber-

cles are absent. In pulmonary, meningeal, and choroideal tuberculosis a correct diagnosis may be arrived at. The absence of choroideal tuberculosis is no proof of the non-existence of meningeal tuberculosis, which may be present in the absence of the former. The occurrence of the latter is, in general, indicated by an entire change in the previous symptoms. Tuberculosis of the lungs, though in early life it seldom occurs alone, is not, however, to be set down as the original source of the tubercular deposit in the pia mater and other locations. It is somewhat difficult, occasionally, to detect the presence of tubercles in the choroideal coat of the eye, in consequence of their excentric position. In order to bring them into view in such cases it is necessary to dilate the pupil by atropia. The restlessness of the child often increases greatly the difficulty of making a satisfactory examination of the eye, and of repeating it at proper intervals to enable us to watch the increase and progress of the tubercular deposit. In the diagnosis of acute tuberculosis of the lungs in early life, physical exploration is of little value; the presence of tubercles in the lungs is to be inferred, chiefly from the constantly increasing emaciation, the extreme slowness and constantly variable condition of the pulse and respiration, by the proportionately slight increase in the temperature of the surface, and by the absence of the pathognomonic symptoms of other forms of disease. In the course of acute pulmonary tuberculosis the intense dyspnœa, with the violent efforts to overcome it, is liable to give rise to more or less extensive emphysema of the lungs. It seldom amounts, however, to the interlobular form, and still less to the subpleural. A heretofore undescribed form is referred to by Dr. S., in which there took place a perforation of the pleura, allowing the contents of the subpleural air-vesicles to escape into the cavity of the chest, and thus giving rise to pneumothorax. It occurred in a girl three years old.—*Centralblatt f. d. Med. Wissenschaften*, July 16, 1870.

D. F. C.

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20. *The Local Application of Carbolic Acid in the Treatment of Phthisis Pulmonalis and Diphtheria.*—Dr. C. G. ROTHE, in the *Berliner klinische Wochenschrift*, 1870, 23 u. 24, states that, prompted by the favourable results obtained from the employment of Lister's bandages in the treatment of ulcerated surfaces, he was prompted to make trial of inhalations of carbolic acid in cases of tuberculosis of the lungs, and speaks highly of their beneficial effects. Out of the six cases of phthisis reported, three were cured, notwithstanding the already advanced stage in which the disease presented itself in all of them. The others were probably cases of caseous pneumonia (*käsige pneumonien*) occurring during and hastening the fatal course of the tuberculosis. This must be received only as a probable conjecture, inasmuch as no post-mortem examination was made. The formula in which the carbolic acid was used by Dr. R. is as follows: Acid. carbolic. cryst., spir. vini, āā 1.0–2.0; aq. destill. 5.0; tinct. iodi 1.0.—M. Of this 10, 15, or 20 minims, with 30.0 of water, is to be inhaled. The addition of the iodine is merely for the purpose of abating the disagreeable smell of the carbolic acid. Dr. R. presents the following as a general summary of his observations as to the efficacy of inhalations of carbolic acid in pulmonary phthisis: 1. The earlier in the disease the less will be the extent of the ulcerated surface, and the more nearly will it approach in character to that of a local lesion, and the greater the prospect of a successful result. 2. The inhalations may be repeated from four to six times daily, for months. They should never be employed to the exclusion of such remedies as may be called for by any of the occurring symptoms. 3. The presence of fever and dyspnœa does not forbid the use of the inhalations; but when, from sudden exposure to cold, there ensues a catarrhal irritation of the entire extent of bronchial mucous membrane, it would seem that but little benefit is to be expected from the inhalations. 4. Hæmoptysis will with the greatest promptness be arrested by the inhalation of the chloride of iron; still, it is not improbable but that the inhalation of carbolic acid will act in such cases as a styptic; we know that creasote has been long employed as such in epistaxis. 5. The pertinacity with which the smell from the fumes of carbolic acid continues to pervade the atmosphere of closed apartments renders the breathing of such atmosphere beneficial in cases of diseased lungs; it is possible that, in persons predisposed to pulmonary consumption, occupying